

Measuring and Improving Practice and Results



Welcome

Putting Data to Work!

- What are the results achieved?
- Who do we succeed with?
- Who do we have trouble serving effectively?
- What is our evidence of progress?
- How can we effectively communicate the results we are achieving?
- Using data to improve system and practice!



Vision Statement

We envision a future when everyone with a mental illness will recover, a future when mental illness can be prevented or cured, a future when mental illnesses are detected early, a future when everyone with a mental illness at any stage of life has access to effective treatment and support - essentials for living, working, learning, and participating fully in the community.

President's New Freedom Commission on Mental Health Report -- 2002



The desired outcomes of mental health care are ...

... to attain each individual's maximum level of education, employment, self-care, interpersonal relationships, and community participation.

- President's New Freedom Commission on Mental Health, 2002 •

Transformation Goals

Goal 1: Americans understand that mental health is essential to overall health.

Goal 2: Mental health care is consumer and family driven.

Goal 3: Disparities in mental health services are eliminated.

Goal 4: Early mental health screening, assessment, and referral to services are common practice.

Goal 5: Excellent mental health care is delivered, and research is accelerated.

Goal 6: Technology is used to access mental health care and information.

For a Consumer, Recovery Means:

Source: Allegheny County Coalition for Recovery, 2001

The reawakening of hope.

Achieving understanding and acceptance.

Engagement and active participation in life.

Active coping and increased independence.

Reclaiming a positive sense of self.

Developing a sense of meaning and purpose.

The journey is individual and unique.

The journey is not accomplished alone.

Focus on Functional Results



Child Behaviors Associated with Life Success

Attends school regularly

Learns to read

Makes academic progress

Follows school rules

Participates in groups

Fulfills responsibilities

Maintains relationships

Solves everyday problems

Controls negative impulses

Performs self care activities

Performs chores at home

Gets needs met acceptably

Shares feelings acceptably

Avoids harmful situations

Uses leisure time well

Helps and cares for others

Respects authority

Acts within the law

Typical Areas for Setting Educational and Treatment Goals

Key Elements for Transformation

CLEAR EXPECTATIONS: common understandings (a **shared vision** by all levels of organization) of an integrated, collaborative, system of care based on accepted **operating principles, a basic practice model, and measured results**.

LEADERSHIP: consistent **focus, communications, problem solving, team work, reinforcement** of directions and efforts within and across agencies.

TRAINING, MENTORING, & COACHING: building and sustaining adequate and **consistent, case-level practice support and supervision** across all frontline units.

FRONTLINE CAPACITY: building an effective **array of community-based services & finding better ways of conducting daily practice** with the current workforce.

FLEXIBLE FUNDING: creating **better and more timely ways of accessing** what's needed, when need, and where needed by children and families.

PERFORMANCE MEASUREMENT WITH FEEDBACK LOOPS and ACTION STEPS: providing **feedback about frontline PERFORMANCE and RESULTS** so that people can change from current performance levels to desired performance levels in improving practice and getting better results for children and families receiving services.

Measuring Performance

- What are the results achieved?
- Who are successes? Who do we fail?
- Are we achieving highly consistent, high fidelity performance in Practice?
- Are we implementing evidence-based practices with fidelity and wisdom.
- Are we intervening earlier?

Measuring Performance

- Are we working together more collaboratively?
- Are we keeping more kids at home, in school? Adults independent & working?
- Are we identifying the critical path to improved performance and outcomes?
- What is our evidence of progress?
- How can we be more efficient?

What is Accountability

- Accountability = measurement and knowledge of performance and results of your “unit” and the capacity to use the knowledge to make improvements in consistency of performance, results achieved and reduced frequency of problems.

Quality Management Concerns

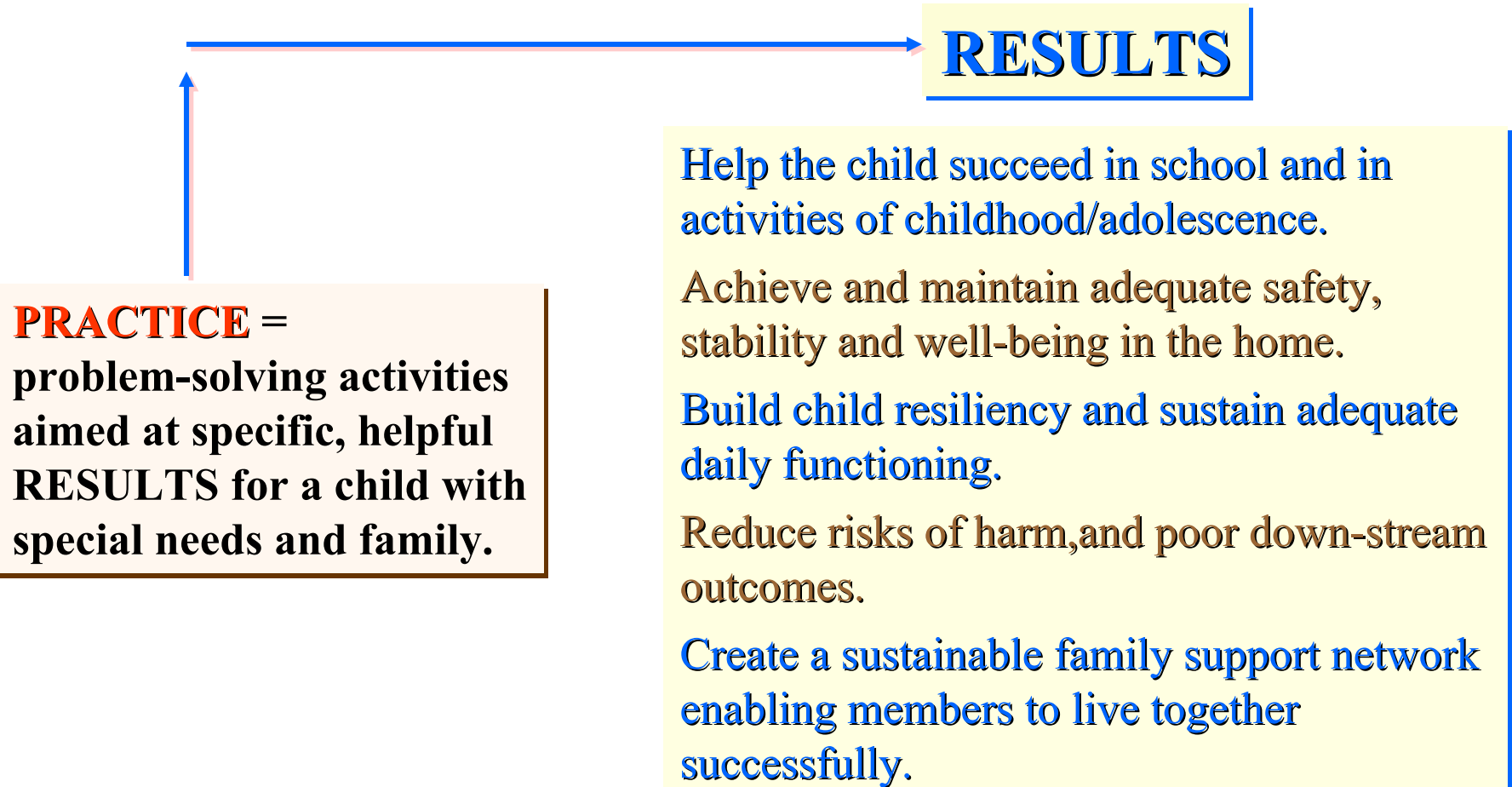
General System Concerns

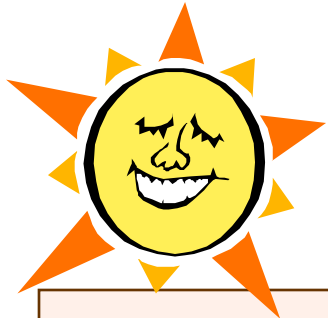
- **Service population:** client characteristics, demog. profiles
- **System flow:** flow through the system- access entry/exit points, Timeliness, paths, gaps, waitlists
- **Service utilization:** which services people use and why
- **Resource utilization:** fund/resource use patterns, adequacy

Front-line Performance Concerns

- **Practice:** assessment, crafting interventions, timely and skillful delivery, judging results.
- **System dependability:** Fidelity to program model, reliability of implementation, continuity of care
- **Service results:** immediate effects/benefits of services
- **Stakeholder Satisfaction:** perceptions of the service system

Results are Linked to Practice





Definition of Practice

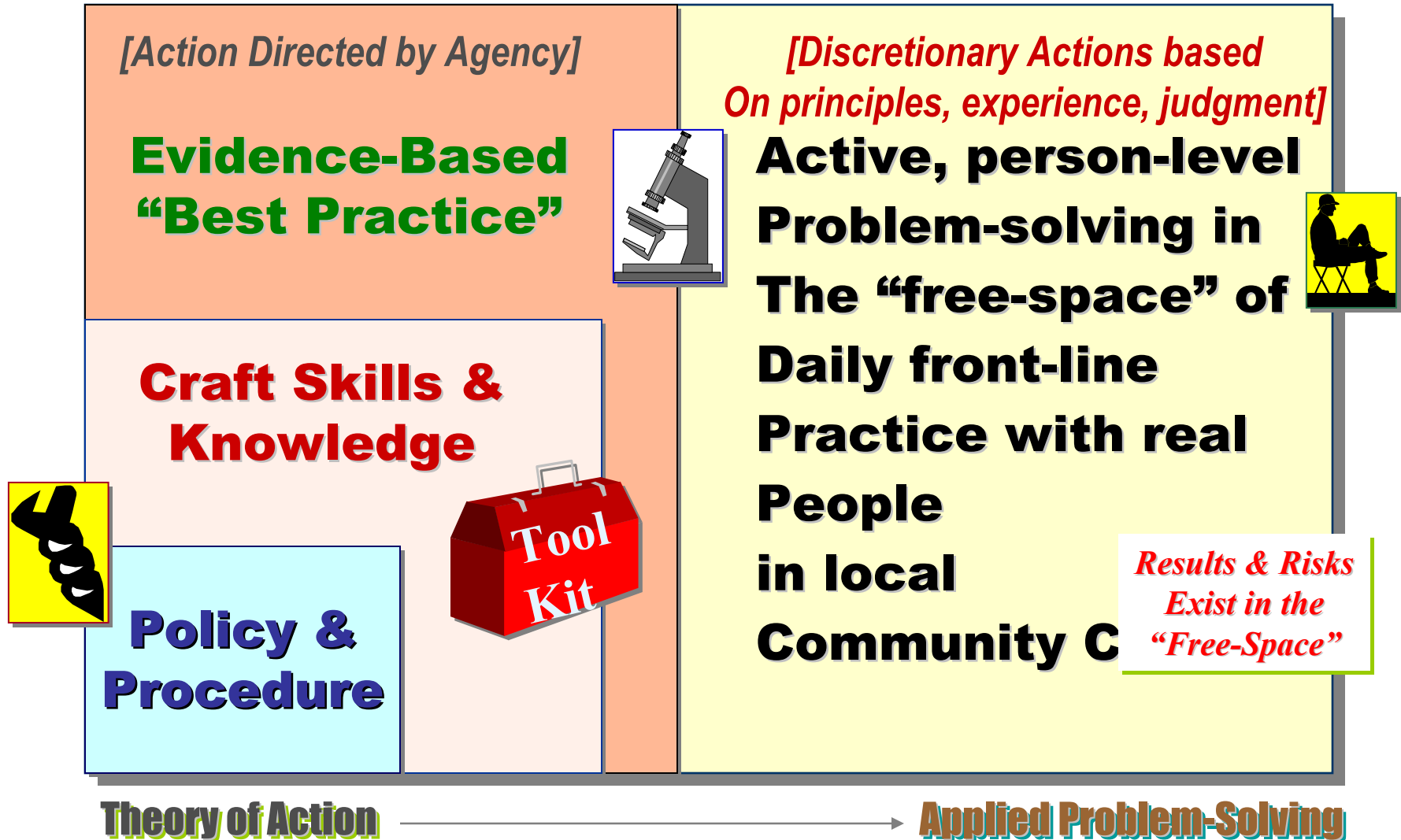
Practice is local, person-focused, recovery-oriented, locally-delivered, services, interventions and supports that alter unacceptable status so that consumer functioning and well-being are improved and maintained as risks of harm and poor outcomes are reduced.

Practice is problem solving aimed at specific results.

Practice is an art requiring craft knowledge & judgment.

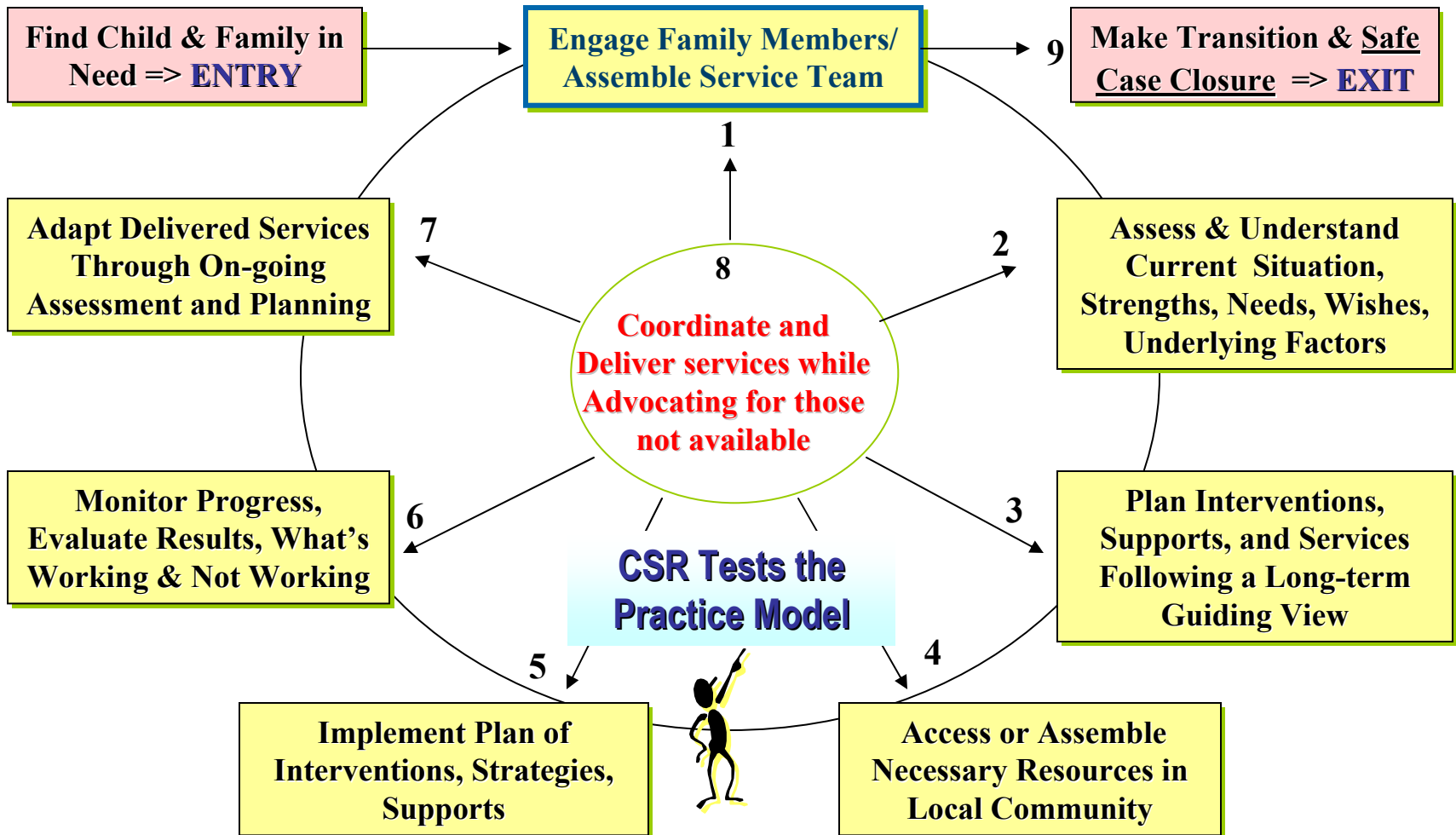
Practice depends on local resources & working conditions.

Spectrum of Practice



Core Functions in Child & Family Practice

Key Functions in a Basic Practice Model: each function requires strategies & techniques



Evidence-Based Best Practice

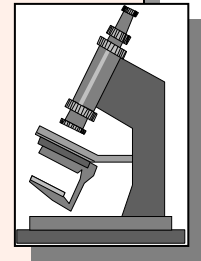
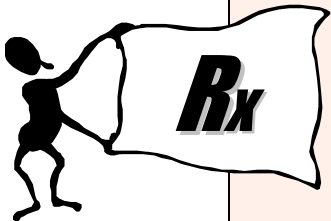
Recommended Courses of Action Based on Evidence of Effect:

Validated models

Proven techniques

Treatment protocols

Defined target populations



Foundation for Differential Therapeutics

Evidence-Based Best Practices*

Foundation for Differential Therapeutics

Provides intervention techniques shown to work with specific groups under controlled conditions.

Expands the range of techniques and tools that may be used with higher confidence of specific effect when used with fidelity in certain cases.

Requires that the practice user know:

- When and when not to try a technique with a particular type of individual.

- How to implement and supervise the technique .

- How to determine whether the technique is effective.

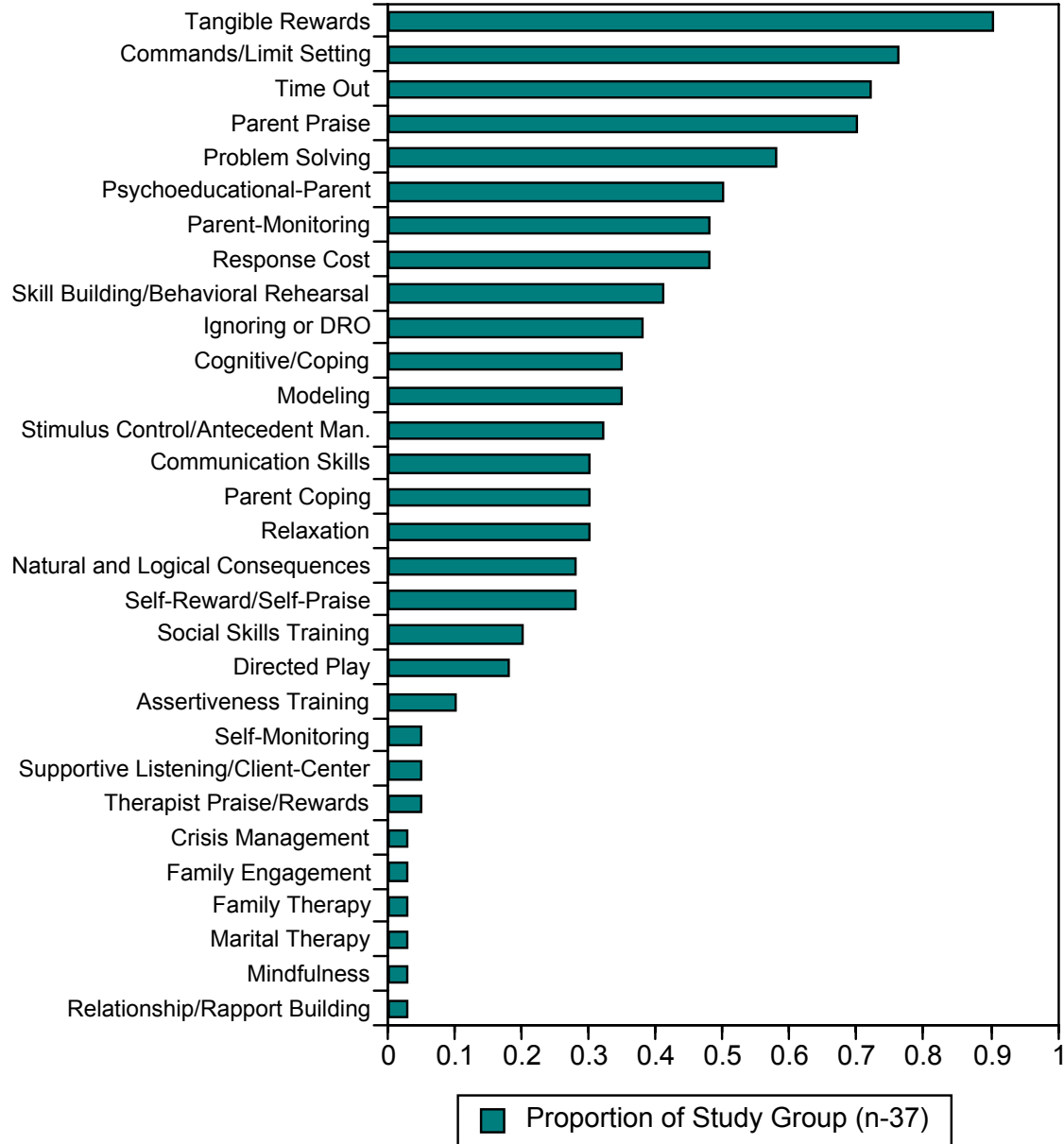
- When to abandon, if the trial is ineffective or unsafe.



**Tools &
Techniques**

*** Must operate effectively within the service planning, coordination, and applied problem-solving framework used in actual consumer practice.**

Disruptive or Oppositional Delinquency and Wilful Misconduct



Practice Improvement Requires:

- n Knowledge of the Outcomes of Treatment
- n Quick, continuous and Correct Feedback
- n Continually improving Skill/ Craft knowledge of techniques and methods of intervention
- n Relationship of Process and Outcomes
- n Ability to Contextualize knowledge to fit individuals
- n Ability to Synthesize and Generalize Learning

Bickman, 1999

Consumer Services Review

A Way of Knowing What's Working

How Well are Consumers of Services Doing Now?

Are Frontline Practices Yielding Desired Results?

How Do Present Working Conditions Affect Practice?



Purposes of Inquiry



**Key Purposes
Of CSR Efforts**



CSR Shifts the Focus

Compliance

- Policies & procedures
- Documentation
- Organizational structure
- Program requirements
- Funding & expenditures
- Compliance & control

Practice & Results

- Guiding principles
- Fidelity to expectations
- Consistency /Quality of practice.
- Frontline conditions
- Flexible resources
- Results & outcomes



Enforcement Focus



Practice & Results



The Community Service Review

- Is a **CASE STUDY** technique that relies on a guided professional appraisal.
- Uses various sampling strategies to “**SPOT CHECK**” daily front-line practice performance working conditions.
- Shows **WHAT’S WORKING** for adult service consumers (status indicators).
- Is used for **PRACTICE DEVELOPMENT** and refinements in **PROGRAM DESIGN**.



CSR: Focus on Practice & Results

Status of Persons Served

Are adults receiving services doing well now or showing good progress in well-being, functioning, risk reduction, safe & sustainable supports?



Practice & Performance

Are our practices working well for those being served?

Front-Line Conditions

How are front-line working conditions affecting practice, performance, and results?

USING CSR FINDINGS FOR LEARNING & CHANGE

Findings are used to decide **WHAT TO DO NEXT!** Not just to say: “good or bad” or “pass/fail.” A key purpose is Learning and Change.

What is Seen in CSR Results?

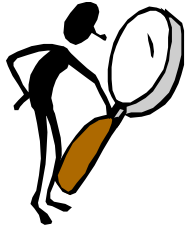


SERVICES in **CONTEXT** of the live of a consumer
UNDERSTANDING of **NEEDS & PERSONAL RECOVERY GOALS**
RESPONSIVENESS of the **INDIVIDUAL SERVICE PLAN**
CONSISTENCY and **DEPENDABILITY** of the **IMPLEMENTATION** of
supports and services for the person
Local, ground-level, live-action view of **DAILY FRONT-LINE**
PRACTICE and the **COORDINATION** of service efforts
Current **RESULTS** and **BENEFITS** of services for the person;
SUCSESSES and **MISSED OPPORTUNITIES**



Typical Review Activities

- Interview key people, scan records, make observations to determine the current status of the person in key areas.
- Examine planned supports and services used with the person to determine how well practices are promoting recovery.
- Consider recent results, what's working/not working now, and the person's satisfaction with plans, services, and results.
- **Based on the present situation, make a six-month prognosis.**
- Rate the acceptability of the person's status and performance of the program in promoting recovery. Critique practice & results.
- Prepare a written summary of finding and recommendations.



Related Review Activities

From case reviews to patterns to context to practice improvement

Case reviews = “stories” of people, practice, services, results

Aggregate profiles = cross-case patterns of status & practice

Stakeholder perspectives = what’s working locally in practice

Core indicator patterns = demographics, assets, event patterns

Big picture synthesis = puts present results into local context

Observations and possibilities = noteworthy accomplishments, system strengths, what’s working now, performance issues, practice development needs, opportunities for moving ahead

Scope of Inquiry in CSR Protocol



Adult Consumer Status

Safety
Economic security
Living arrangements
Social network
Health/physical well-being
Mental health status/care
Education/career opportunities
Work
Recovery activities
Recent progress toward recovery
Satisfaction with services/results
OVERALL STATUS OF THE PERSON



Practice & Performance

Engagement & participation
Cultural accommodations
Service team formation
Service team functioning
Assessment & understanding
Personal recovery goals
Individualized recovery plan
Goodness of service fit
Resource availability
Treatment implementation
Emergent/urgent response
Medication & special procedures
Practical supports
Service coordination & continuity
Recovery plan adjustments
Effective results
OVERALL PRACTICE PERFORMANCE

CSR => Learning

- **Child & Family Status**

- Safety, stability, well-being (how are they doing right now?)
- Special needs, caregiver/family circumstances (what do they bring?)

- **Recent Results**

- What's changed over the past 6 months? What's better now?

- **Practice Performance**

- Core practice functions in actual consumer situations (tests of the practice model)
- What's working? With whom do we succeed? Who challenges us?

- **Conditions of Local Practice**

- Caseloads, resources, opportunities for family engagement and teamwork with practice partners, supervisory support

CSR => Change

- **Improved Status of Consumers**
 - Safety, stability, well-being (shifts in status of those served)
- **Better Results**
 - More independence, working, friends
- **Better Frontline Practice and Supervision**
 - Better engagement, consumer and family driven, ISPs Implemented
 - Better planning, execution, teamwork, coordination
- **Improved Service Capacities and System Operations**
 - Stable, manageable workloads; use of flexible, unique service arrangements to support consumer, families and special need children; improved access, integration, and coordination of services

Appraisal of Child & Family Status

Possible Areas for CSR Review

Child Status Indicators - 30 days

1. Safety: focus child & others
2. Stability: home & school
3. Permanency
4. Appropriate home placement
5. Health & physical well-being
6. Emotional & behavioral well-being
7. Academic status:
 - Academic placement
 - School attendance
 - Instructional engagement
 - Present performance

8. Responsible behavior

OVERALL CHILD STATUS



Caregiver Status Indicators

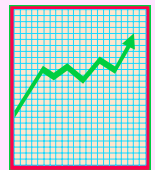
1. Caregiver support of the child
2. Caregiver participation in decisions
3. Satisfaction with services

OVERALL CAREGIVER STATUS



Progress Indicators - 180 days

1. School/work progress
2. Risk reduction
3. Transition progress
4. Progress to independence



OVERALL PROGRESS PATTERN

Appraisal of System Performance

Possible Areas for CSR Review

Practice Performance Indicators

Practice Functions - 90 days

1. Engagement of the child & family
2. Assessment/understanding
3. Long-term view
4. Individualized service plan (ISP)
5. ISP implementation
6. Service coordination & integration
7. ISP tracking & adjustment



Attributes & Conditions - 90 days

8. Resource availability
 - Informal supports
 - Formal supports and services
 9. Culturally appropriate practice
 10. Family/caregiver supports
 11. Maintaining family connections
 12. Safety/urgent response capability
- OVERALL PRACTICE PERFORMANCE**

CSR Interpretative Guide for Practice Performance

Maintenance Zone: 5-6

Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

- 6 = **OPTIMAL PERFORMANCE.** Excellent, consistent, effective practice for this person in this function area. This level of performance is indicative of exemplary practice and results for the person. ["Optimum" does not imply "perfection."]
- 5 = **GOOD PERFORMANCE.** At this level, the system function is working dependably for this person, under changing conditions and over time. Effectiveness level is consistent with meeting long-term goals for the person. [Keep this going for good results]

**Acceptable
Range: 4-6**

Refinement Zone: 3-4

Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.

- 4 = **FAIR PERFORMANCE.** This level of performance is minimally or temporarily sufficient for the person to meet short-term objectives. Performance may be time-limited or require adjustment soon due to changing circumstances.[Some refinement is indicated]
- 3 = **MARGINAL PERFORMANCE.** Practice at this level may be under-powered, inconsistent, or not well-matched to need. Performance is insufficient for the person to meet short-term objectives. [With refinement, this could become acceptable in the near future.]

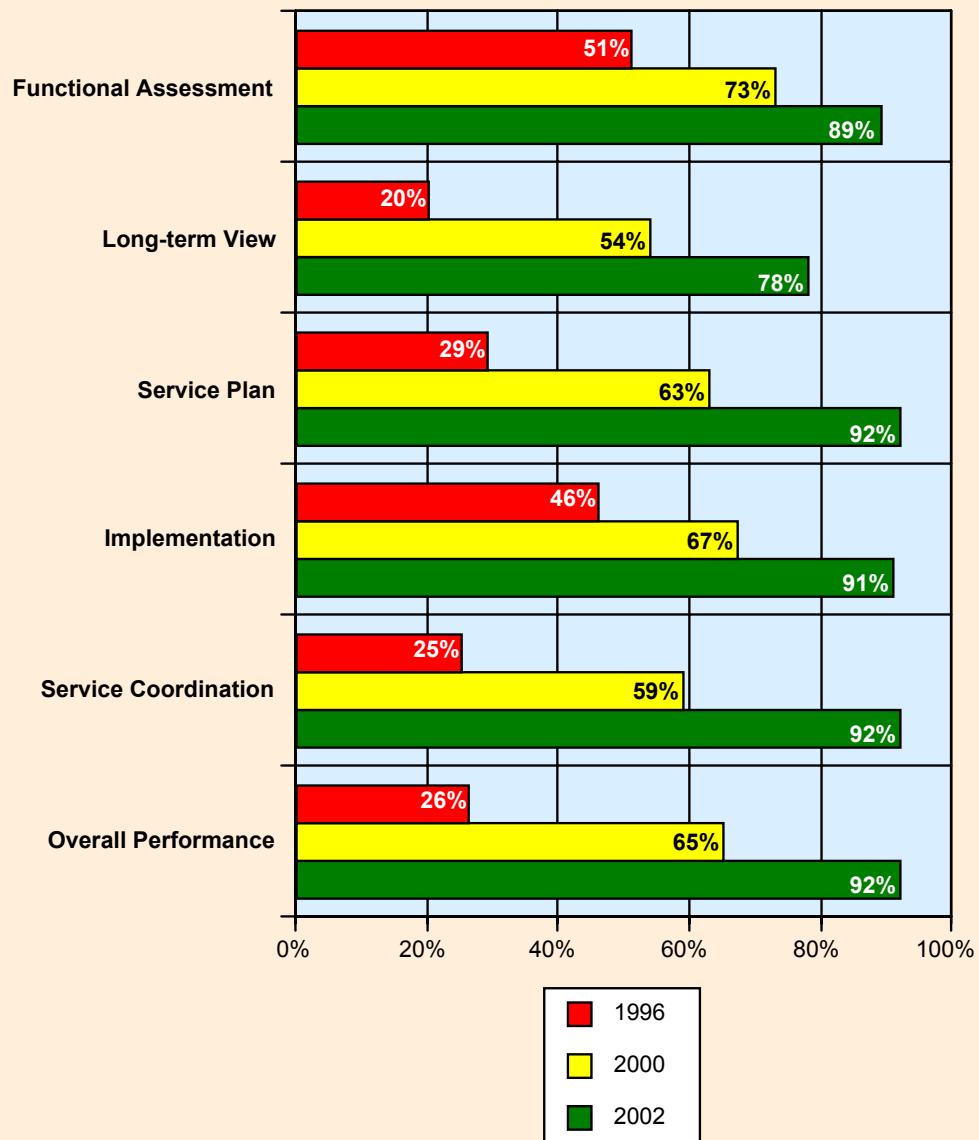
**Unacceptable
Range: 1-3**

Improvement Zone: 1-2

Performance is inadequate. Quick action should be taken to improve practice now.

- 2 = **POOR PERFORMANCE.** Practice at this level is fragmented, inconsistent, lacking in intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.
- 1 = **ADVERSE PERFORMANCE.** Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

Hawaii System Performance Change
5 of 12 Indicators

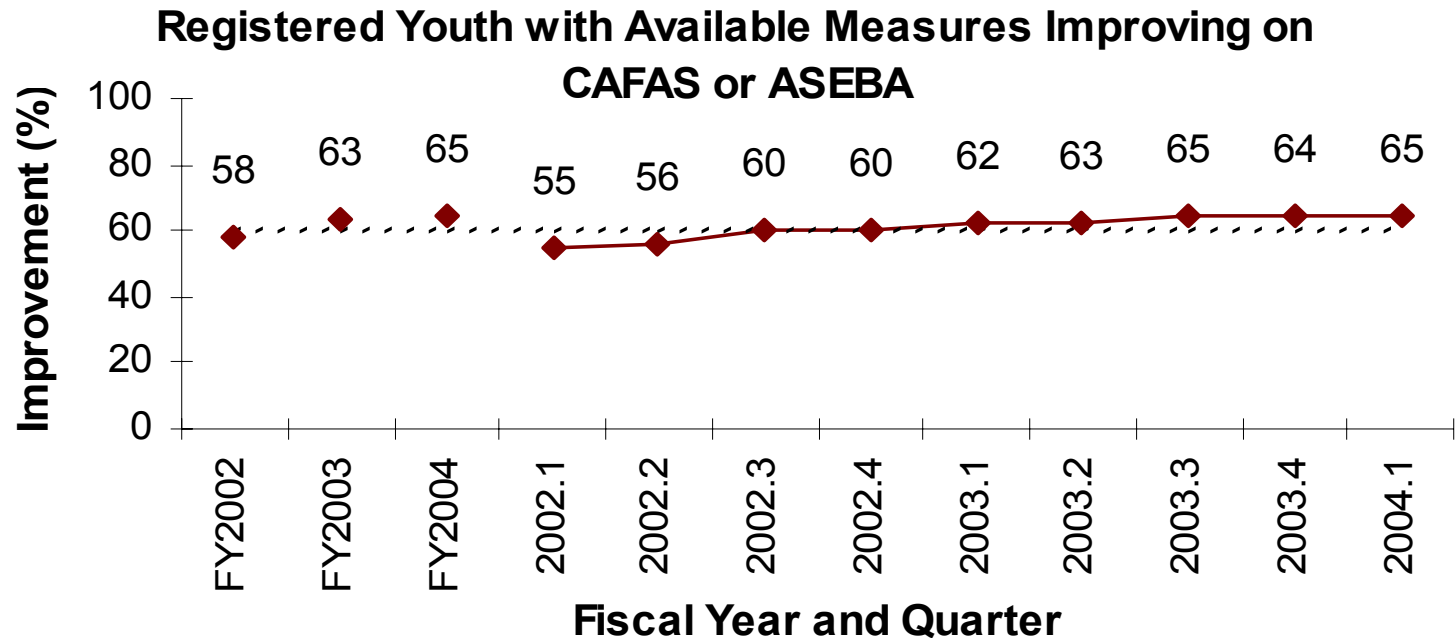


CSR Service Testing Outcome Categories

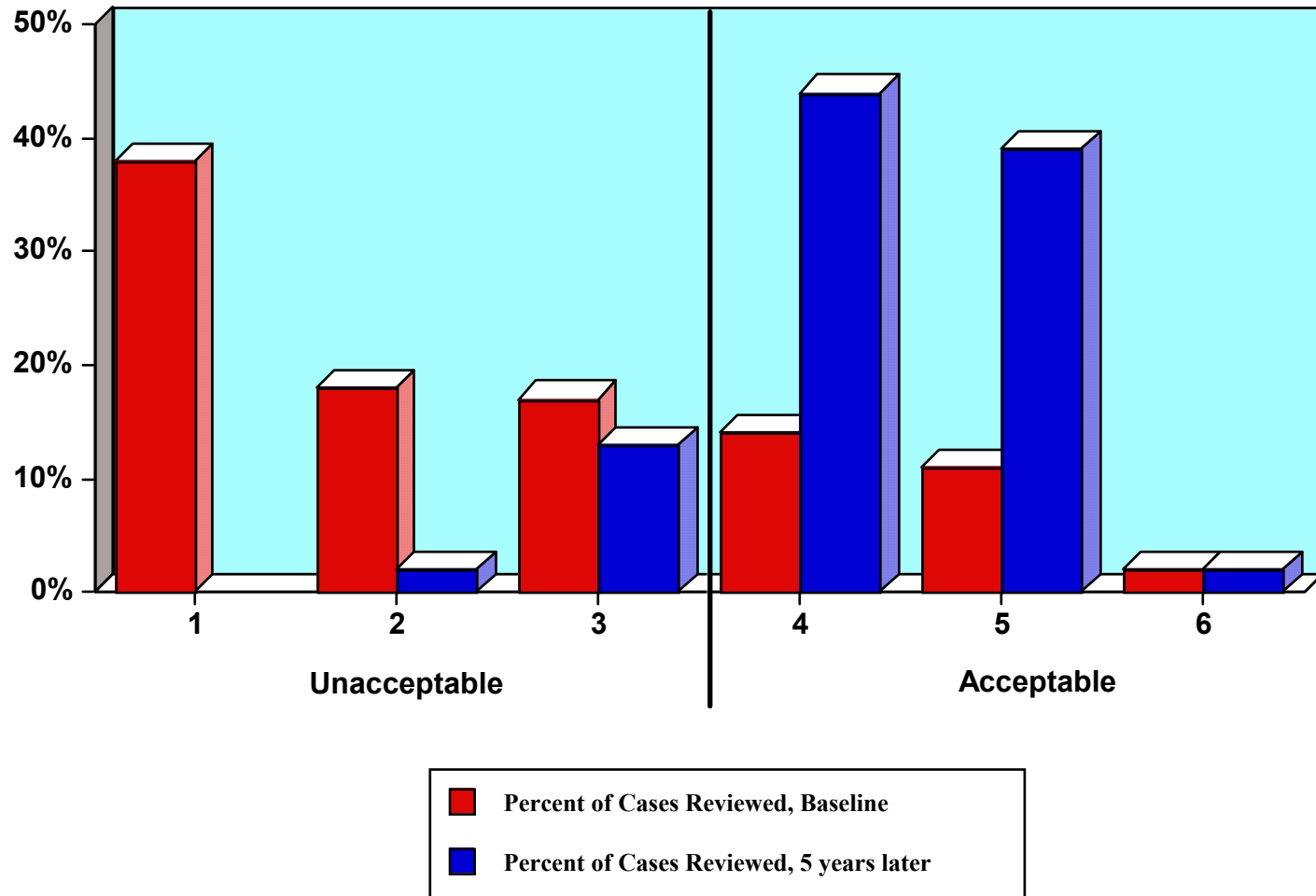
Status of Child/Family in Individual Cases

		Favorable Status	Unfavorable Status		
Acceptability of Service System Performance in Individual Cases	Acceptable <input type="checkbox"/> System <input type="checkbox"/> Performance	Outcome 1: Good status for child/family, ongoing services acceptable. 28% (n = 25) SY 1996 57% (n = 286) SY 2000 80% (n = 249) SY 2001	Outcome 2: Poor status for child/family, ongoing services minimally acceptable but limited in reach or efficacy. .01% (n = 1) SY 1996 8% (n = 42) SY 2000 7% (n = 21) SY 2001	28% SY 1996 65% SY 2000 87% SY 2001	
	Unacceptable <input type="checkbox"/> System <input type="checkbox"/> Performance	Outcome 3: Good status for child/family, ongoing services mixed or unacceptable. 22% (n = 19) SY 1996 17% (n = 83) SY 2000 4% (n = 12) SY 2001	Outcome 4: Poor status for child/family, ongoing services unacceptable. 49% (n = 43) SY 1996 18% (n = 91) SY 2000 9% (n = 29) SY 2001	71% SY 1996 35% SY 2000 13% SY 2001	
		50% SY 1996 74% SY 2000 84% SY 2001	49% SY 1996 26% SY 2000 16% SY 2001		

Goal:
60% of youth sampled show improvement in functioning since entering CAMHD as measured by the Child and Adolescent Functional Assessment Scale (CAFAS) or Achenbach System for Empirically Based Assessment (ASEBA)*

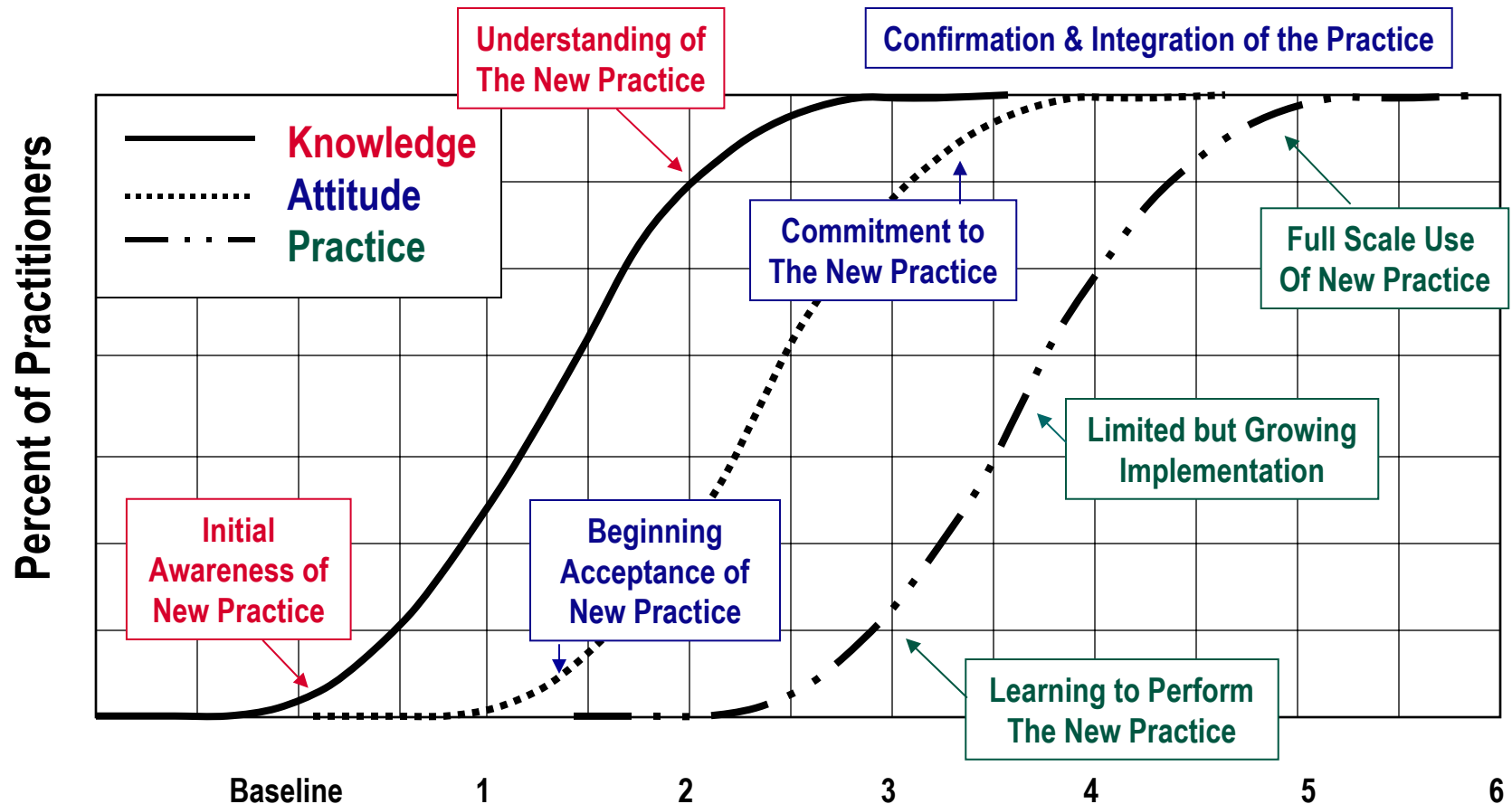


Overall System Performance



Innovation Curves: Spreading a New Practice

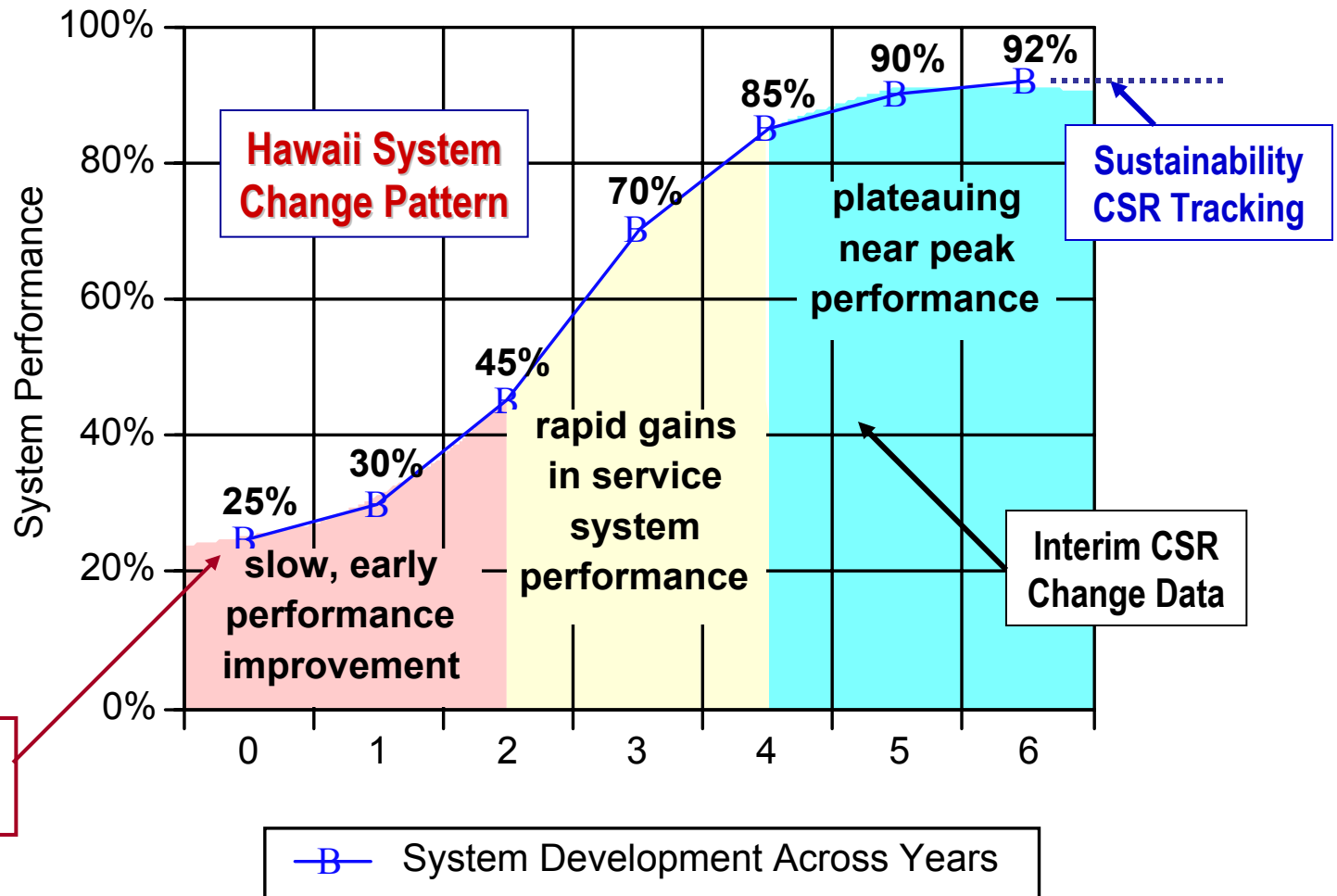
See *Diffusion of Innovation*; Everett Rogers, fifth edition, 2003



The Unfolding of Practice and Related Systems Change Over Time

System Development Pattern

Change in System Performance Over Years of Development



CSR “Learning Products”

Detailed stories of practice & results for real consumers

Recurrent themes & patterns observed across consumers

Understanding of how contextual factors are affecting daily conditions of frontline practice and influence results

Quantitative analyses of adult consumer status, practice & performance results, based on key measures

Noteworthy accomplishments & success stories

Identification of emerging issues and problems

Critical learning and input for improvement plans



Target Audiences

- Legislature
 - Results over time and Exemplar stories
- Top Management
 - Comparative Data, Outlier data, to lead to judgment/report Card!
- Middle Management
 - Performance by unit, profile of failures, successes, system function weaknesses.

Key Elements for Transformation

LEADERSHIP: providing consistent focus, communication, problem solving, team work, reinforcement of directions and efforts within and across agencies.

CLEAR EXPECTATIONS: working from common understandings and a vision (shared by all levels of organization) of an integrated, collaborative, system based on agreed upon operating principles, practices, and results.

TRAINING, MENTORING, & COACHING: building and sustaining adequate and consistent, consumer-level practice across all frontline units.

FRONTLINE CAPACITY: building an effective array of community-based services & finding better ways of conducting daily practice with the current workforce.

FLEXIBLE FUNDING and LOCATION: creating better and more timely ways of accessing what's needed, when need, and where needed by children and families.

PERFORMANCE MEASUREMENT WITH FEEDBACK LOOPS: providing feedback about frontline system of care performance so that people can change from current performance levels to desired performance levels in improving practice and getting better results for children and families receiving services.

Outcome of Comprehensive State Mental Health Plans

.....is to encourage States and localities to develop a comprehensive strategy to respond to the needs and preferences of consumers or families.... The final result should be an extensive and coordinated State system of services and supports that work to foster consumer independence and their ability to live, work, learn, and participate fully in their communities

Target Audiences

- Supervisors

➤ Performance by clinician/ Team, profiles of successes and failures, strengths and weakness in performance of system functions and processes, Strengths and weaknesses in skills to execute system functions.

- Front line staff/Practitioners

➤ Feedback on results, practice skills, craft knowledge, intervention selection, acuity of assessment synthesis.

Levels of Competence In Human Services Practice



NOVICES: have beginning awareness and simple understandings; follow the rules; can't recognize a problem clearly enough to diagnose it.

ADVANCED BEGINNERS: can perform acceptably in some situations; acknowledge their lack of knowledge; can reliably follow prescribed steps so long as the situation matches the ones they have studied or encountered.

COMPETENT LEARNERS: exposed to the full array of knowledge; can work beyond the rules; can adapt skills to circumstances; they "know what" but still lack "know how."

PROFICIENT PRACTITIONERS: have engrained skills through continual practice in diverse situations; can reliably meet any situation applying the full range of strategies and tools with a full grasp of the whole problem; still act on conscious level.

EXPERTS: break the rules to surpass the goals; have fully internalized their practice; work in the flow, adjust as they go; rely on pattern recognition and intuition. They continue learning through interaction with other experts.

Why Modeling, Mentoring, & Coaching Are Essential for Young Practitioners



Because WISE JUDGMENTS have to be made under conditions of UNCERTAINTY = knowledge is never perfect.

Because much learning of practice takes place in the context of use = you LEARN practice by DOING practice.

Because there is limited immediate transfer of learning from one case to another = VARIED EXPERIENCE is necessary.

Because INTUITION is required = spotting signs, getting the feel of the situation, using insight and invention.

Because they have to USE the FREE-SPACE of case practice.

Let's Talk!



Discussion